Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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NEW HAMPSHIRE

|   | I. Name of Lobbyist(s)                                                                    | 7001                       | rimbilas                                          | DEPARTMENT O                                                              | E ST        |
|---|-------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------|---------------------------------------------------------------------------|-------------|
| • | II. Name of lobbyist's pa                                                                 | rtnership, firm or coi     | poration, if any:                                 | <u> </u>                                                                  |             |
|   | J. Grinbile (Name of pa                                                                   | s Strategy                 | i Solutions                                       | LLC·                                                                      | <del></del> |
|   | III. Name of Client                                                                       |                            |                                                   | Date4/22/19.                                                              |             |
|   | Political Contributions For each political contributions client/lobbyist and lobbyi       |                            |                                                   | apter 664 paid on behalf of the                                           |             |
|   | Full name of candidate: _                                                                 | Committee<br>(Lasi Name)   | to Elect to (First Name)                          | House Democrats (Middle Name/Initial)                                     |             |
|   | Amount of contribution \$                                                                 | 100                        | Office Candidate                                  | e is Seeking                                                              |             |
|   |                                                                                           | ntribution on the line abo |                                                   | ods or services provided, and enter bution. If the actual cost is not kno |             |
|   | Full name of candidate: _                                                                 | Feltes<br>(Last Name)      | (First Name)                                      | (Middle Name/Initial)                                                     |             |
|   | Amount of contribution \$                                                                 | 200                        | Office Candidate                                  | is Sceking <u>Serate</u>                                                  | _           |
|   | If the contribution is an in-k actual cost of the in-kind corenter an estimated value and | ntribution on the line abo | a description of the go<br>ve for amount of contr | ods or services provided, and enter bution. If the actual cost is not kno | the<br>wn,  |
|   | Full name of candidate:                                                                   | NH Sen<br>(Last Name)      | ate Democ<br>(First Name)                         | mtc. Crucy<br>(Middle Name/Initial)                                       |             |
|   | Amount of contribution \$                                                                 | 100                        | Office Candidate                                  | is Seeking                                                                |             |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                 |
| (If more than three contributions were made, report additional contributions on separate addendum C forms.)                                                                                                                                                                                     |
| Sworn Statement/Affirmation by Lobbyist                                                                                                                                                                                                                                                         |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.                                                                                                                                 |
| Solution When Signature of lobbyist)  (Signature of lobbyist)  (Date)                                                                                                                                                                                                                           |
| (Print Name of lobbyist)                                                                                                                                                                                                                                                                        |

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| I. Name of Lobbyist(s)                                                            | 7001                 | Grimbiles                                      | DEPARTMENT OF ST                   |
|-----------------------------------------------------------------------------------|----------------------|------------------------------------------------|------------------------------------|
| II. Name of lobbyist's part                                                       | nership, firm c      | or corporation, if any:                        |                                    |
| J. Grinbila                                                                       | s Strat              | egic Solutions L                               | LC.                                |
| III. Name of Client                                                               |                      |                                                | Date 4/22/19.                      |
| Political Contributions For each political contribut client/lobbyist and lobbying |                      | table pursuant to RSA Chapter ( the following: | 664 paid on behalf of the          |
| Full name of candidate:                                                           | Cryar<br>(Last Name) | 15 Wcha (First Name)                           | e (Middle Name/Initial)            |
| Amount of contribution \$                                                         | 100                  | Office Candidate is Sec                        | eking Executive Council            |
| Full name of candidate:                                                           |                      |                                                | (Middle Name/Initial)              |
| Amount of contribution \$                                                         | •                    | Office Candidate is See                        |                                    |
|                                                                                   | •                    | ovide a description of the goods or            | services provided, and enter the   |
| actual cost of the in-kind control enter an estimated value and the               | ribution on the lin  | e above for amount of contribution             | . If the actual cost is not known, |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                 |
| (If more than three contributions were made, report additional contributions on separate addendum C forms.)                                                                                                                                                                                     |
| Sworn Statement/Affirmation by Lobbyist                                                                                                                                                                                                                                                         |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.                                                                                                                                 |
| (Signature of lobbyist)  (Date)                                                                                                                                                                                                                                                                 |
| (Print Name of lobbyist)                                                                                                                                                                                                                                                                        |

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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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| I. Name of Lobbyist(s)                                                                             | Jool 60                                 | rimbilas               |                                          | DEPARTMENT OF                                  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|------------------------------------------|------------------------------------------------|
| II. Name of lobbyist's part                                                                        | nership, firm or cor                    | poration, if any:      |                                          |                                                |
| J. Grinbila                                                                                        | Strategi<br>ership, firm or corporation | i Solutions            | . LLC.                                   |                                                |
| III. Name of Client                                                                                |                                         |                        |                                          | 4/22/19.                                       |
| Political Contributions For each political contributions client/lobbyist and lobbying              |                                         |                        | apter 664 paid o                         | on behalf of the                               |
| Full name of candidate:                                                                            | Kahn<br>(Lasi Name)                     | JAy<br>(First Name)    | (Middle                                  | Name/Initial)                                  |
| Amount of contribution \$                                                                          | 100                                     | Office Candidat        | e is SeekingS                            | enate.                                         |
| Full name of candidate:                                                                            | Rosenwald<br>(Last Name)                | (First Name)           | •                                        | Name/Initial)                                  |
| Amount of contribution \$                                                                          | 100                                     | Office Candidate       | is Seeking                               | rati Serati                                    |
| If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the | ibution on the line abov                | ve for amount of contr | oods or services p<br>ibution. If the ac | rovided, and enter the tual cost is not known, |
| Full name of candidate:                                                                            | Dietsch<br>(Last Name)                  | Jean<br>(First Name)   | (Middle)                                 | Name/Initial)                                  |
| Amount of contribution \$ \                                                                        | 0.6                                     | Office Candidate       | is Seeking                               | rate Senate                                    |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                 |
| (If more than three contributions were made, report additional contributions on separate addendum C forms.)                                                                                                                                                                                     |
| Sworn Statement/Affirmation by Lobbyist                                                                                                                                                                                                                                                         |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.                                                                                                                                 |
| (Signature of lobbyist)  (Date)  (Date)                                                                                                                                                                                                                                                         |
| (Print Name of lobbyist)                                                                                                                                                                                                                                                                        |

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| I. Name of Lobbyist(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Jooi Gri                                             | mbilas                 | <del>-</del>       | DEPARTMENT OF          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------|--------------------|------------------------|
| II. Name of lobbyist's part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nership, firm or corpo                               | ration, if any:        |                    | _                      |
| J. Grinbilis<br>(Name of partn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Strategii                                            | Solutions              | LLC.               |                        |
| (Name of Partn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                        |                    | 4/22/19.               |
| Political Contributions For each political contribution client/lobbyist and lobbying                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ion that is reportable pu                            | rsuant to RSA Chaj     |                    | on behalf of the       |
| Full name of candidate:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Soucy<br>(Last Name)                                 | Donna<br>(First Name)  |                    | Name/Initial)          |
| Amount of contribution \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>250</u>                                           | Office Candidate       | is Seeking         | State Senate.          |
| actual cost of the in-kind contrenter an estimated value and the state of the in-kind contrenter an estimated value and the state of the in-kind contrenter and the state of the sta | ne word "estimate."                                  | (First Name)           |                    |                        |
| Amount of contribution \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 100                                                  | Office Candidate is    | s Seeking <u>S</u> | ate Senato             |
| If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | I contribution, provide a dibution on the line above | escription of the good | ds or services p   | rovided, and enter the |
| Full name of candidate:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Birdsell (Last Name)                                 | (First Name)           | ` ^.               | Name/Initial)          |
| Amount of contribution \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 100                                                  | _Office Candidate is   | Seeking S          | ate Senate.            |

| · · · · · · · · · · · · · · · · · · · |                       | <del></del>                  |                          |                              |
|---------------------------------------|-----------------------|------------------------------|--------------------------|------------------------------|
|                                       |                       |                              | <u>., ., ., </u>         |                              |
| (If more than t                       | hree contributions we | re made, report additional o | contributions on separat | e addendum C forms.)         |
| Sworn Stat                            | ement/Affirmati       | on by Lobbyist               |                          |                              |
|                                       | •                     | B and RSA 664 and h          | -                        | m that the foregoing informa |
| (Signature                            | y yml                 |                              | _                        | 4/22/19.                     |

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| I. Name of Lobbyist(s)                                                                             | J001 60                                       | mbilas                             |                                    | DEPARTMENT OF S                              |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|------------------------------------|----------------------------------------------|
| II. Name of lobbyist's par                                                                         | rtnership, firm or corp                       | oration, if any:                   |                                    |                                              |
| J. Grinbile (Name of par                                                                           | s Strategic<br>tnership, firm or corporation) | Solutions                          | LLC.                               |                                              |
| III. Name of Client                                                                                |                                               |                                    | Date                               | 4/22/19.                                     |
| Political Contributions For each political contributions client/lobbyist and lobbyist              |                                               |                                    | er 664 paid or                     | n behalf of the                              |
| Full name of candidate:                                                                            |                                               |                                    |                                    | lame/Initial)                                |
| Amount of contribution \$                                                                          | 100                                           | Office Candidate is S              | Seeking _S\                        | ute Senate.                                  |
| actual cost of the in-kind con<br>enter an estimated value and                                     |                                               | for amount of contributi           | on. If the act                     | ual cost is not known,                       |
| Full name of candidate: _                                                                          | (Last Name)                                   | (First Name)                       | (Middle N                          | ame/Initial)                                 |
| Amount of contribution \$                                                                          | 100                                           | Office Candidate is S              | eeking <u>St</u>                   | ate Servite.                                 |
| If the contribution is an in-kin<br>actual cost of the in-kind con<br>enter an estimated value and | tribution on the line above                   | for amount of contributi           | or services pro<br>on. If the actu | ovided, and enter the all cost is not known, |
| Full name of candidate:                                                                            | Repean                                        | John                               |                                    |                                              |
| Amount of contribution \$                                                                          | (Last Name)                                   | (First Name) Office Candidate is S | ,<br>——1                           | ame/Initial)                                 |
| a mount of contribution \                                                                          | 1 1 2 1 2                                     | CHOICE CANODIALE IS 59             | COMBINE ( ) 1                      | V MI 18 1 WM                                 |

|                          | ue and the word "estimate."                                       | mount of contribution. If the actual cost is not kno      |
|--------------------------|-------------------------------------------------------------------|-----------------------------------------------------------|
|                          |                                                                   |                                                           |
|                          |                                                                   |                                                           |
|                          |                                                                   |                                                           |
| (If more than three cont | ributions were made, report additional conti                      | ributions on separate addendum C forms.)                  |
| Sworn Statement/         | Affirmation by Lobbyist                                           |                                                           |
|                          | , RSA 15-B and RSA 664 and here to the best of my knowledge and b | by swear or affirm that the foregoing informati<br>elief. |
| (Signature of lobby      | ist)                                                              | (Date)                                                    |
| (Print Name of lob       | Grimbiles                                                         | , .                                                       |

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| I. Name of Lobbyist(s)                                                                             | 1001              | 600                     | nbilas                |                                   | DEPARTMENT OF                                  |
|----------------------------------------------------------------------------------------------------|-------------------|-------------------------|-----------------------|-----------------------------------|------------------------------------------------|
| II. Name of lobbyist's part                                                                        | nership, firm     | or corpo                | ration, if any:       |                                   |                                                |
| J. Grinbila                                                                                        | : Strat           | egii                    | Solutions             | LLC.                              |                                                |
| III. Name of Client                                                                                |                   |                         |                       |                                   | 4/22/19.                                       |
| Political Contributions For each political contributions client/lobbyist and lobbying              | on that is repo   | rtable pur<br>the follo | suant to RSA Chawing: | pter 664 paid o                   | on behalf of the                               |
| Full name of candidate:                                                                            | GrAv.             | }                       | James<br>(First Name) | •                                 | Name/Initial)                                  |
| Amount of contribution \$                                                                          | 100               |                         | _ Office Candidate    | is Seeking                        | tate Serate                                    |
| actual cost of the in-kind contrenter an estimated value and the                                   | ne word "estimat  | ne above i              | or amount of contric  | ا، ا،                             |                                                |
| Full name of candidate:                                                                            | (Last Name        | <u> </u>                | (First Name)          | •                                 | Name/Initial)                                  |
| Amount of contribution \$                                                                          | <u> </u>          |                         | Office Candidate i    | s Seeking                         | tute Senate                                    |
| If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the | ibution on the li | ne above t              | or amount of contrib  | ds or services poution. If the ac | rovided, and enter the tual cost is not known, |
| Full name of candidate:                                                                            | (Last Name        | ar<br>)                 | Jon<br>(First Name)   | (Middle                           | Name/Initial)                                  |
| Amount of contribution \$ \( \)                                                                    | 00                |                         | _Office Candidate i   | s Seeking <u>S</u>                | ate Senate                                     |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                 |
| (If more than three contributions were made, report additional contributions on separate addendum C forms.)                                                                                                                                                                                     |
| Sworn Statement/Affirmation by Lobbyist                                                                                                                                                                                                                                                         |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.                                                                                                                                 |
| (Signature of lobbyist)  (Signature of lobbyist)  (Print Name of lobbyist)                                                                                                                                                                                                                      |

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| I. Name of Lobbyist(s) _                                                       | 1001                                            | Grimbilas                   | DEPARTMENT OF S                                                                    |
|--------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------|
| II. Name of lobbyist's p                                                       | partnership, firm (                             | or corporation, if any:     | =                                                                                  |
| J. Grinb                                                                       | partnership, firm or corpo                      | egic Solutions              | , LLC.                                                                             |
| III. Name of Client                                                            |                                                 |                             | Date 4/22/19.                                                                      |
| Political Contribution<br>For each political contr<br>client/lobbyist and lobb | ibution that is repor                           |                             | napter 664 paid on behalf of the                                                   |
| Full name of candidate:                                                        | (Last Name)                                     | •                           | (Middle Name/Initial)                                                              |
| Amount of contribution \$                                                      |                                                 | Office Candidat             | e is Seeking <u>State</u> Jenate                                                   |
| enter an estimated value a                                                     |                                                 |                             | ribution. If the actual cost is not known,                                         |
| Full name of candidate:                                                        | Watter<br>(Last Name)                           | 3 Dav<br>(First Name)       | (Middle Name/Initial)                                                              |
| Amount of contribution \$                                                      | 100                                             | Office Candidate            | is Seeking State Serati                                                            |
| If the contribution is an in-                                                  | kind contribution, pr<br>ontribution on the lin | e above for amount of contr | oods or services provided, and enter the ibution. If the actual cost is not known, |
| Full name of candidate:                                                        | (Last Name)                                     | (First Name)                | (Middle Name/Initial)                                                              |
| Amount of contribution \$                                                      | 106                                             | Office Candidate            | is Seeking State Serate                                                            |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                 |
| (If more than three contributions were made, report additional contributions on separate addendum C forms.)                                                                                                                                                                                     |
| Sworn Statement/Affirmation by Lobbyist                                                                                                                                                                                                                                                         |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.                                                                                                                                 |
| (Signature) of lobbyist)  (Date)                                                                                                                                                                                                                                                                |
| (Print Name of lobbyist)                                                                                                                                                                                                                                                                        |

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| I. Name of Lobbyist(s) Jool Crimbilas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DEPARTMENT OF STA                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| II. Name of lobbyist's partnership, firm or corporation, if any:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |
| J. Grinbilis Strategic Solutions LLC (Name of partnership, firm or corporation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e 4/22/19.                                                 |
| Political Contributions  For each political contribution that is reportable pursuant to RSA Chapter 664 pursuant t | ,,                                                         |
| Full name of candidate: They Cluvk (First Name) (M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _                                                          |
| Amount of contribution \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sutiserate.                                                |
| If the contribution is an in-kind contribution, provide a description of the goods or servi actual cost of the in-kind contribution on the line above for amount of contribution. If t enter an estimated value and the word "estimate."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ices provided, and enter the the actual cost is not known, |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |
| Full name of candidate: Cast Name (First Name) (M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _                                                          |
| Amount of contribution \$ \( \lambda \) Office Candidate is Seeking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _Statisenato                                               |
| If the contribution is an in-kind contribution, provide a description of the goods or servi actual cost of the in-kind contribution on the line above for amount of contribution. If t enter an estimated value and the word "estimate."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ices provided, and enter the he actual cost is not known,  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |
| Full name of candidate: Committee to Elect House (Last Name) (First Name) (M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Republican's iddle Nime/Initial)                           |
| Amount of contribution \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |

| acti     | ne contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the tall cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, or an estimated value and the word "estimate." |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                                                                                                                                                                                                                                                                                        |
| (If r    | nore than three contributions were made, report additional contributions on separate addendum C forms.)                                                                                                                                                                                |
| Sw       | orn Statement/Affirmation by Lobbyist                                                                                                                                                                                                                                                  |
|          | eve read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information rue and complete to the best of my knowledge and belief.                                                                                                                               |
| <u> </u> | gnature of lobbyist)  TODI Gambileis  int Name of lobbyist)  4/2019.  (Date)                                                                                                                                                                                                           |

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

## **RECEIVED**

APR 2 4 2019

| I. Name of Lobbyist(s)                                                                                   | J001 6                   | rimbilas                    | DEFARTMENT OF S                                                                |
|----------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|--------------------------------------------------------------------------------|
| II. Name of lobbyist's par                                                                               | tnership, firm or co     | rporation, if any:          |                                                                                |
| J. Grinbila<br>(Name of parts                                                                            | s Strateg                | ic Solutions                | LLC.                                                                           |
| III. Name of Client                                                                                      |                          |                             | Date 4 22 19.                                                                  |
| Political Contributions                                                                                  | ion that is reportable   | e pursuant to RSA Chap      | pter 664 paid on behalf of the                                                 |
| Full name of candidate:                                                                                  |                          |                             | (Middle Name/Initial)                                                          |
| Amount of contribution \$                                                                                | 100                      | Office Candidate            | is Seeking Executive Cour                                                      |
| Full name of candidate:                                                                                  | (Leat News)              | (Circt Name)                | (Middle Name/Initial)                                                          |
|                                                                                                          | •                        |                             |                                                                                |
| Amount of contribution \$                                                                                |                          | Office Candidate is         | s Seeking                                                                      |
| If the contribution is an in-kin<br>actual cost of the in-kind contr<br>enter an estimated value and the | ribution on the line abo | e a description of the good | ds or services provided, and enter the ution. If the actual cost is not known, |
| Full name of candidate:                                                                                  | (Last Name)              | (First Name)                | (Middle Name/Initial)                                                          |
| Amount of contribution \$                                                                                | (Last Ivallie)           | •                           | ,                                                                              |
| a                                                                                                        |                          | Office Candidate is         | o occaling                                                                     |

| If the contribution is an in-kind contribution, provide a description of the goods or services provid actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost of the in-kind contribution on the line above for amount of contribution. |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| enter an estimated value and the word "estimate."                                                                                                                                                                                                                                        |                |
|                                                                                                                                                                                                                                                                                          |                |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                    |                |
| (If more than three contributions were made, report additional contributions on separate addendum C forms.)                                                                                                                                                                              |                |
| Sworn Statement/Affirmation by Lobbyist                                                                                                                                                                                                                                                  |                |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoi is true and complete to the best of my knowledge and belief.                                                                                                                                        | ng information |
| (Signature of lobbyist)  (Date)                                                                                                                                                                                                                                                          | 19.            |
| (Print Name of lobbyist)                                                                                                                                                                                                                                                                 |                |